2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90023 026 ****61.25

DOCUMENT # 741414

1. Entity Name
GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 GOLDEN LAKES BLVD WEST PALM BEACH, FL 33411	1500 GOLDEN LAKES BLVD WEST PALM BEACH, FL 33411

4U60463

03162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2328 S. CONGRESS AVENUE	2328 S. CONGRESS AVENUE
Suite, Apt. #, etc. SUITE 2A	Suite, Apt. #, etc. SUITE 2A
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip / Country 33406 / USA	Zip / Country 33406 / USA

4. FEI Number
59-1941590
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C.
BECKER & POLIAKOFF, P.A.
450 S. AUSTRALIAN AVE., 7TH FLOOR
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDOFF, LEANOR 148 LAKE GOLDEN DR. WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDOFF, ELEANOR 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC KREMSKY, DAVID 159 LAKE MERYL DR. WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KREMSKY, DAVID 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROTOLO, FRAN 146 LAKE GLORIA DR. WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROTOLO, FRAN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEISS, IDA 103 LAKE PAULA DR. WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOUB, JOSEPH 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Toub Treasurer 4/6/04 561 689-9106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #